

HIPAA TCS PROJECT PROBLEM REPORT FORM

Transaction:

834	837 Enc.	277U	837 Dental Claims	278
820	Mercator	835 Claims	NCPDP Claims	997
270/271	837 Dental Enc.	837 Inst. Claims	276/277	Other
	NCPDP Enc.	837 Prof. Claims		<u>State (AZ/HI/Both)</u>

Problem Report #: _____

Name/Dept: _____ Phone: _____ Date: _____

Priority of Defect: 1 – Critical 2 – High 3 – Low 4 – Future Enhancement

DESCRIPTION OF PROBLEM - TEST PLAN #_____ SCENARIO/TEST CASE #_____

SUPPORTING DOCUMENTATION: (Y/N)

Resolution Type:

Fixed – Separate ☐ Change in ☐ Mapping ☐ Not a ☐ Pgm ☐ Spec ☐ UAT Data ☐
Problem Report Requirement Problem Change Correction Problem

RESOLUTION:

Developer(s) Name	Failed PGM/Component(s)	Time to Fix	Date Fixed

Mapping Spec Update Needed: Y / N

Completed by: _____

Date Completed: _____

Companion Document Update Needed: Y / N

Completed by: _____

Date Completed: _____

Mercator Deployment Needed: Y / N

Completed by: _____

Date Completed: _____

Test ☐ Prod ☐ Version in VSS: _____

RETEST COMMENTS:

DATE: _____ TESTERS INITIALS: _____ PASS/FAIL

DATE: _____ TESTERS INITIALS: _____ PASS/FAIL

DATE: _____ TESTERS INITIALS: _____ PASS/FAIL

Project Mgr. Approval: _____ Date: _____

Test Manager Approval: _____ Date: _____

Mainframe Promote/Approval: _____ Date: _____

Map Deployment/Approval: _____ Date: _____